

116CV138

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Parkview Hospital  
Rita Houston  
1720 Beacon St.  
Fort Wayne, IN 46805*



9590 9403 0285 5155 5969 09

2. Article Number (Transfer from service label)  
7015 0640 0007 8471 8903

PS Form 3811, April 2015 PSN 7530-02-000-9053

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *T. Delice* C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

*Per USPS T&C 9/16/16  
USMS N/IN 19 SEP '16 PM 3:12*

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

needed and route as specified below.

RECEIPT AND RETURN  
Service of Process by U.S. Marshal

COURT CASE NUMBER  
1:16-CV-138  
TYPE OF PROCESS  
DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
*Houston*  
46805  
Number of process served with this receipt  
Number of parties served in this case  
Check for service on U.S.A.  
FILED  
SEP 30 PM 4:07  
US DEPT OF JUSTICE  
U.S. MARSHAL SERVICE  
DISTRICT OF INDIANA  
NORTHERN DISTRICT

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

USMS N/IN 26 AUG '16 PM 1:25

Signature of Attorney other Originator requesting service on behalf of: ☐ PLAINTIFF ☐ DEFENDANT  
TELEPHONE NUMBER  
DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)  
Total Process *2/2* District of Origin *27* District to Serve *27* Signature of Authorized USMS Deputy or Clerk *[Signature]* Date *9/13/16*

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

Date *9/16/2016* Time ☐ am ☐ pm  
Signature of U.S. Marshal or Deputy *[Signature]*

Service Fee *800* Total Mileage Charges (including endeavors) Forwarding Fee Total Charges *800* Advance Deposits Amount owed to U.S. Marshal\* or (Amount of Refund\*)  
\$0.00

REMARKS: *9/13/16 Sent Certified Mail*  
*7015 0640 0007 8471 8903*